

The demand must be filed directly with the competent International Preliminary Examining Authority or if two or more Authorities are competent, with the one chosen by the applicant. The same or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/ EP

PCT

Rec'd PCT/PTO

DEC 2004
CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty, and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND
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Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 2948-177.PCT
International application No. PCT/US03/21061	International filing date (day/month/year) 07 July 2003	(Earliest) Priority date (day/month/year) 08 July 2002

Title of invention
VIRULENT PHAGES TO CONTROL LISTERIA MONOCYTOGENES IN FOODSTUFFS AND IN FOOD PROCESSING PLANTS

Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) EXPONENTIAL BIOTHERAPIES, INC. 150 Main Street Port Washington, NY 11050 United States of America	Telephone No. 516.883.6883
	Facsimile No. 516.883.6903
	Teleprinter No.
	Applicant's registration No. with the Office

State (that is, country) of nationality: US	State (that is, country) of residence: US
--	--

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

LOESSNER, Martin
In der Weid 1
CH-8122 Binz
Switzerland

State (that is, country) of nationality: DE	State (that is, country) of residence: CH
--	--

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CARLTON, Richard M.
3 Secor Drive
Port Washington, NY 11050
United States of America

State (that is, country) of nationality: US	State (that is, country) of residence: US
--	--

[] Further applicants are indicated on a continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESSES FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative

and ☐ has been appointed earlier and represents the applicant(s) also for international preliminary examination.

☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

MURRAY, Robert, B.
Rothwell, Figg, Ernst & Manbeck, P.C.
1425 K Street, N.W., Suite 800
Washington, D.C. 20005
United States of America

Telephone No.

202 783 6040

Facsimile No.

202 783 6031

Teleprinter No.

Agent's registration No. with the Office

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ The international application as originally filed

the description ☒ as originally filed

☐ as amended under Article 34

the claims ☒ as originally filed

☐ as amended under Article 19 (together with any accompanying statement)

☐ as amended under Article 34

the drawings ☒ as originally filed

☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendment of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH

☒ which is the language in which the international application was filed.

☐ which is the language of a translation furnished for the purposes of international search.

☐ which is the language of publication of the international application.

☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Supplemental Box. *If the supplemental box is not used, this sheet need not be included in the demand.*

ROTHWELL, G. Franklin, Reg. No. 18,125
FIGG, E. Anthony, Reg. No. 27,195
ERNST, Barbara G., Reg. No. 30,377
MANBECK, Harry F., Jr., Reg. No. 17,348
REPPER, George R., Reg. No. 31,414
DELUCA, Vincent M., Reg. No. 32,408
HYNDS, Joseph A., Reg. No. 34,627
IHEN, Jeffrey L., Reg. No. 28,957
KART, Glenn E., Reg. No. 30,649
CASSIDY, Martha, Reg. No. 44,066
WYDEVEN, Richard, Reg. No. 39,881
MCKIERNAN, Thomas E., Reg. No. 37,889
MORAN, Michael J., Reg. No. 42,013
GIFFORD, C. Nichole, Reg. No. 44,122
BHATT, Minaksi, Reg. No. 35,447
SULLIVAN, Michael G., Reg. No. 35,377
DAVIS, Monica S., Reg. No. 44,492
ZOLTICK, Martin M., Reg. No. 35,745
ROSENBLOOM, Brian S., Reg. No. 41,276
SKACEL, Patrick, Reg. No. 47,948
DEWEERD, Willem F., Reg. No. 51,613
PARKER, Stephen B., Reg. No. 36,631
PATE, Tara J., Reg. No. 52,099
MURRAY, Robert B., Reg. No. 22,980
KITTS, Monica Chin, Reg. No. 36,105
TOLLEFSON, Brian, A., Reg. No. 46,338
VON NATZMER, Joyce, Reg. No. 48,120
WALKER, Barbara W., Reg. No. 35,400
GIOVANNETTI, Steven, Reg. No. 51, 739

All members of the law firm of Rothwell, Figg, Ernst & Manbeck, P.C. at the address, telephone and telefacsimile numbers indicated in Box No. III.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, of the purposes of international preliminary examination:

- | | | |
|--|---|----------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | 1 sheets |
| 6. other (specify) | : | sheets |

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received	not received
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- | | |
|-----|-----|
| [] | [] |
| [] | [] |
| [] | [] |
| [] | [] |
| [] | [] |
| [] | [] |

The demand is also accompanied by the item(s) marked below

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. [] statement explaining lack of signature |
| 2. [] original separate power of attorney | 6. [] sequence listing in computer readable form |
| 3. [] original general power of attorney | 7. [] other (specify): |
| 4. [] copy of general power of attorney;
reference number, if any: | |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


Robert B. Murray
Attorney for Applicant

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. [] The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

[] The applicant has been informed accordingly.

4. [] The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. [] Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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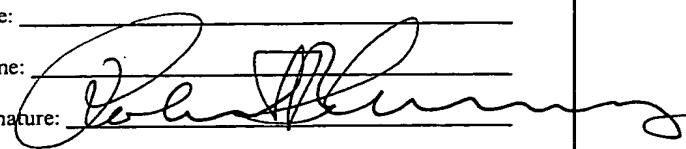
Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

For International Preliminary Examining Authority use only

International application No. PCT/US03/21061		
Applicant's or agent's file reference 2948-177.PCT	Date stamp of the IPEA	
Applicant EXPONENTIAL BIOTHERAPIES, INC., <i>et al.</i>		
CALCULATION OF PRESCRIBED FEES 1. Preliminary examination fee €1,530.00 [P] 2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) €159.00 [H] 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box <u>€1,689.00</u> <div style="text-align: right;">TOTAL</div>		
MODE OF PAYMENT <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cash <input checked="" type="checkbox"/> cheque <input type="checkbox"/> revenue stamps <input type="checkbox"/> postal money order <input type="checkbox"/> coupons <input type="checkbox"/> bank draft <input type="checkbox"/> other (<i>specify</i>):		
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i> <div style="text-align: right;">IPEA/ _____</div> <div style="text-align: right;">Deposit Account No.: _____</div> <div style="text-align: right;">Date: _____</div> <input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> (<i>This check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. <div style="text-align: right;">Name: _____</div> <div style="text-align: right;">Signature: </div>		